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# Integrated Approaches to Well-Being and Quality of Life Improvement

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**Abstract**

Aimed at improvement of well-being and quality of life, health reforms were reluctantly initiated in Armenia over the past decade. Although measuring outcomes and impact of such initiatives as well as maintaining effectiveness and sustainability remain as particular challenges, response to the problem expressed in vertical, disease-specific manner might have been the hindering factors for improved well being and quality of life. Challenged by the multi-sectoral platform (MSP) approach success, Child Survival Collaboration and Resources (CORE) Group's model of alleviated poverty and improved quality of life, this paper develops recommendations for achieving a proper balance of policy development and application for concurrently improving and maintaining the quality of life of people of Armenia. The paper draws from the results of the key informant interviews with public sector leaders in Armenia. Findings reveal that generic approaches for policy development and strategies must be a focus for capacity building and development of genuine operational multi-sectoral partnerships in Armenia. The paper identifies the need for MSP application in Armenia directed to civil society involvement, strengthening policy development-application bridge and breaking the vertical frameworks. Not only such partnerships need to be largely promoted and facilitated, but also contextualized systems and tools must be made available and integrated into project management cycles. The paper concludes with a discussion of the feasibility of MSP application in current Armenian context, and specifies policy recommendations to enhance the development of such approach.



Keywords: Multidisciplinary, multi-sectoral platform, integrated approach, well-being and quality of life.

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## I. Introduction

Poverty is often associated with prevailing health problems and unhealthy lifestyles, both being risk factors to the well-being of population. In turn, adverse health conditions exacerbate poverty and hinder the improvement of quality of life. Given this there were various initiatives providing mechanism for the adoption of broad, multi-sectoral approaches to health development that move beyond narrow definitions of health to the root cause of ill-health: poverty.

Over 70 percent of all childhood deaths in developing and transitional countries are caused by diseases associated with poverty and social insecurity (P. Winch, et. al. 2001). However, separate missions focused on child mortality in most cases express their response in vertical programming resulting in wasted resources and unmet needs at both the global and national levels.

As in other parts of the word, causes of adverse health/nutritional status in Armenia are interrelated, mutual and compounding, further deteriorating the quality of life of children and their families. Facing these issues, government and civil society organizations in Armenia have reluctantly initiated health policies and programs over the past decade. In most cases the programs that have been developed and implemented lack community outreach or involvement. Although most of the initiatives were either supported or facilitated by multilateral/bilateral organizations and international foundations/organizations, there have been particular challenges regarding effectiveness, measuring outcomes and impact as well as maintaining sustainability. Similarly, various approaches were taken in response to a given health problem expressed in vertical, disease-specific programs directed at each of the causes. However, the vertical programs were unable to realize widespread acceptance and coverage, due to the number of administrative, political and technical barriers that obstruct the delivery of health and social services.

International experience shows that organizations working alone cannot be as effective as a multi-sectoral approach that mobilizes and coordinates all the players in poverty reduction and sustainable development aimed at improved quality of life and well-being. The multi-sectoral approaches are usually taken to reduce the duplication of efforts and maximize resources and impact. As communities and households are affected by a combination of problems, the need to adopt cross cutting approaches becomes eminent. In addition, as communities face different problems in all sectors, their problems are not solely concentrated in health, therefore a multi-sectoral approach allows them to play a role in defining and addressing their own problems in areas that are inter-related with health contributing to a synergetic effect.

The multi-sectoral approach is defined as *"A recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes, (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone*" (World Health Organization, 1997). It is integrating the activities and expertise of all agencies, organizations, and individuals dedicated to sustainable development, requires one sector to build bridges to all sectors and preferably mainstream certain areas.

Multi-sectoral approach aimed at boosting health impact in various parts of the world was a focus of Child Survival Collaboration and Resources (CORE) Group, USA[1]. group for several years now. The value of multi-sectoral platform interventions in community based programming was actively promoted and supported by CORE. CORE's definition of the multi-sectoral platform approach sounds as follows: *"Building coalitions between the health sector with two or more non-health sectors in order to improve the impact of child health*

[1] The CORE Group www.coregroup.org is a network of 38 non-profit organizations working together to promote and improve primary health care programs for women and children and the communities in which they live.

*programming in a way that is more effective, efficient or sustainable than acting alone and provides positive benefits for all sectors involved."*

Improving health and quality of life in Armenia will require a significant departure from the existing approach that has dominated independence, in which each problem is mostly considered in isolation. Most discussions of poverty alleviation still resort to a listing of priority problems, as if each exists independently, although the past few years have seen an increasing recognition that the problem of poverty cannot be adequately dealt with by using short-term vertical interventions. Recognizing the synergistic factors affecting the quality of life of population, the Poverty Reduction Strategy development process was promoted and facilitated by the World Bank and UN agencies resulting in Poverty Reduction Strategy Paper (PRSP). This document[2] addresses poverty reduction through comprehensive analysis of social and economic issues. An example of multi-sectoral partnership in Armenia is the Country Coordination Mechanism (CCM) on HIV/AIDS and TB[3].

To succeed, any strategy must address the actual concerns of the community affected, which may not match the priorities of the government or the development agency sponsoring the project. It has also become clear that any successful attempt to address community well-being must acknowledge the central role of the community itself. Besides, there are many obstacles to multi-sectoral strategies for improving quality of life and well being. Chief among them is the difficulty of integrating diverse disciplines. Multi-sectoral approaches to transitional context like Armenia pose a major challenge to both local governments and international community, which must coordinate responses and overcome the political issues within the various Government structures. Several constraints that projects seeking to adopt a multi-sectoral approach may face include lack of expertise in different sectors with collaboration being quite difficult in practice, high donor-dependence and limited duration of the project implementation leading to a limited scope of activities addressing specific programmatic issues that they can take on.

The use by the multi-sector approach in the implementation of health programs proved to be contributing to the success and was documented by CORE group[4]. The main positive effect of such approach has been to create a synergetic effect with health intervention by addressing the multi-faceted underlying causes that hinder the well-being.

Lessons learned from implementation of integrated programs and wider multi-sectoral initiatives worldwide have led to greater awareness of the need for increasing community involvement combined with strategically addressing measurable impact and sustainability of programs. Closely coordinated efforts are the only way to make a lasting positive impact on well being and quality of life. Difficulties aside, an integrated, community-based equity-driven approach appears to be essential if we are to achieve adequate quality of life in Armenia[5].

## II. Methodology

[2] PRSP. Yerevan 2003. Information Analytic Center for Economic Reforms *(PRSP approved by the Order of the Government of Armenia N994-N dated 8 August, 2003.)*
[3] Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and Tuberculosis
[4] Papers presented at CORE organized MSP workshop, March 22-25, 2004 in Washington DC http://www.coregroup.org/resources/msp_report.cfm
[5] See in references P. Winch, et. al.; K. Bessenker

A qualitative research, conducted through semi-structured interviews, aimed at development of recommendations on social and health sector policy reform facilitating the application of integrated interventions in Armenia was conducted in November-December 2004 following the extensive secondary research on multi-sectoral platform approach and multi-sectoral interventions worldwide. The latter was conducted by the author in February-June 2004 in Washington DC with CORE Group as part of the US Department of State supported IREX Contemporary Issues Fellowship. It aimed at understanding and identifying the key success factors of effective and sustainable health interventions relying on documented practices and lessons learned experience worldwide[6]. Integrated, multi-sectoral interventions were largely studied as part of that research as one of the most effective and sustainable multidisciplinary, multifaceted interventions leading to the improved wellbeing and quality of life of target beneficiaries.

A standardized topic guide *(available upon request)* was prepared in English and translated into Armenian to conduct the key informant interviews among public sector leaders in Armenia representing Government, international and local NGOs/Institutions.

**List of key informants:**

| Name | Position | Organization |
|---|---|---|
| Sergey Khachatryan | Director | The World Bank Health Sector Program Implementation Unit |
| Armen Khudaverdyan | Commission secretary | Public Sectors Reforms, Government of Armenia |
| Karine Saribekyan | Head of Department | Mother and Child Health Department, Ministry of Health |
| Ofelia Injikyan | Professor of Paediatric Department; National Expert on child health and well being | Hospital # 1; WHO and UNICEF |
| Tatyana Makarova | Health Team Leader | Armenia Social Transition Program, PADCO Inc. supported by Abt Associates Inc |
| Bruno Francois, | Team Leader | Armenia EU-TACIS European Project for Regional Development of Armenia (REDAM) |
| Rebecca Kohler | Country Director | Intrah/Armenia |
| Michael Thompson | Interim Vice President and Associate Director; Director | MPH Program; Center for Health Services Research and Development American University of Armenia |
| Naira Sargysan | Assistant Young People's Health and Development Office | UNICEF Armenia |

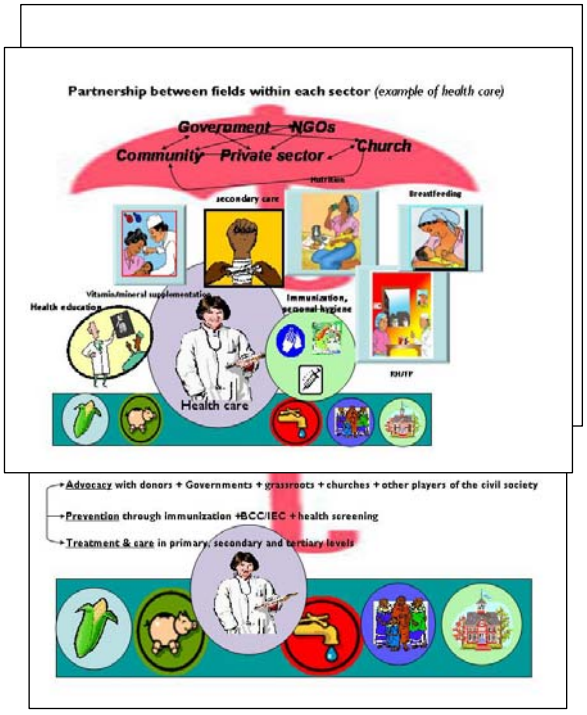
Both topic guides were peer-reviewed by and pre-tested with public health professionals with experience sustainable development. The context of the topic guide used for the key informant interview, was drawn on main objectives of the research, namely the identification of and averting the barriers hindering the application of integrated interventions and integrated approach for improved quality of life in Armenia.

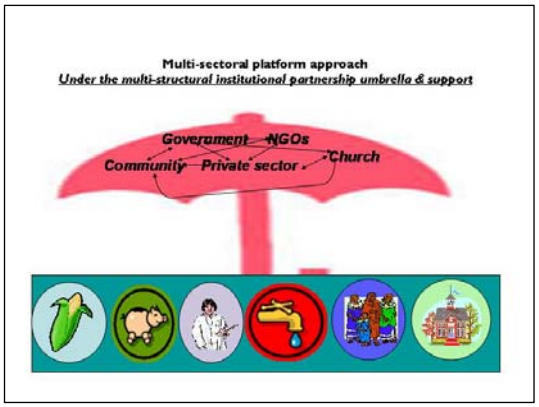
[6] http://www.coregroup.org/resources/msp_report.cfm, http://www.fantaproject.org/

There were seven show cards developed and used along with the topic guide (see incorporated in results section) based on the research question and the comprehensive description of the multi-sectoral approach. CORE Group's approach of the MSP[7] served as a basis for the articulation of the multi-sectoral approach during the research.

The interviewees were asked to:

- Provide opinion on the well-being and quality of life reflecting the poverty associated health problems.
- Share awareness and provide perceptions on multi-sectoral interventions in Armenia.
- Discuss the challenges they see hindering effectiveness and sustainability of well-being and quality of life oriented health programming (during the discussion the interviewees were provided with three show cards describing situations on specific issues, namely on vertical programming (1), gaps on policy documents and their applicability (2), Government and civil society relationship (3). Then they were asked to provide opinion and thoughts on validity of described situations and elaborate on pros and cons.)
- Share perception and attitudes on model concept of multi-sectoral/integrated interventions for promoted well-being and improved quality of life (four show cards below, combining CORE group's MSP and other integrated model approaches creating a hypothetical model of an ideal multi-sectoral approach, to visualize the model concept were demonstrated and discussed in detail.)




- Provide ideas and suggest ways to facilitate the implementation of MSP approach in Armenia.

[7] www.coregroup.org (some of the publications are provided in References section)

A letter of consent signed by the author with the detailed description of the research was used while arranging for the interview. The context of the consent was briefly communicated to the interviewee before the interview start-up by the trained volunteers conducting the interviews.

All interviews were tape recorded allowing the interviewer to focus on the discussion without being distracted by note taking. Each record was later transcribed by the author and added into a pool of responses received from key informants.

The following section summarized the findings of the analysis, sorted by key domains described above.

## III. Findings

### Poverty associated health problems and unhealthy lifestyles as risk factors to population's well-being:

Following independence in 1991 Armenia suffered a major collapse in its economy, which has resulted in a deep socio-economic crisis, one of the most devastating consequences of which was widespread impoverishment of the population and polarization of the society to an appalling level.

All key informants considered that poverty associated health problems and unhealthy lifestyles, exacerbated by the extremely unequal distribution of power and wealth in the country[8], are serious risk factors to the well being of population in Armenia.

In spite of people in Armenia being highly educated, poverty associated unhealthy lifestyles are not uncommon (e. g. unhealthy/unbalanced dietary patterns, etc.) In addition to poverty and healthy lifestyles being incompatible, poverty associated health problems in general were considered the main influencing factors for depraved quality of life and well being of population in Armenia (e.g. chronic diseases, malnutrition, TB, STIs, etc.) Among reasons mentioned for this are operational ineffectiveness of health care system, limited access to health care services due to various reasons such as affordability, unawareness of Government subsidized services i.e. Basic Benefit Package (BBP) that includes basic services provided free of charge to defined groups of population[9]; lack of physical access to and overall poor quality of such services. On the other hand, while poverty in reality is one of the direct indicators for public health assessment, perception of public health being limited to medical care/treatment only is widespread.

### Armenia's experience in applying multi-sectoral approaches for quality of life improvement:

Armenia is in transition for over a decade now and like most other transitional countries have been exposed to diverse approaches by international community aimed at improvement of the quality of life of population. Although not prevailing and perceived differently, multi-sectoral strategy was mentioned to be one of these approaches and multi-sectoral interventions were

[8] Despite a certain reduction in the level of poverty, still 51% of the population lives under the poverty line, and income inequality is growing with a Gini coefficient of 0.54, which is one of the highest indicators in the world. The Gini coefficient is a number between zero and one that measures the degree of inequality in the distribution of income in a given society. As much as the coefficient is closer to one, income distribution inequality is higher in the given society. *Growth, Inequality and Poverty in Armenia*, UNDP, Yerevan, Armenia 2002.

[9] Description of Government orders/decrees on free of charge health care and services for 2003. Open Medical Club supported by USAID, 2003.

mentioned to as having been initiated, promoted and implemented by Government and/or civil society players in Armenia.

Three main examples of multi-sectoral experience in Armenia were mentioned by key informants, with PRSP being central. Signed by Government of Armenia (June 1993), the Child Protection Document based on UN Child Protection Convention endorsing the assurance of child well being and sufficient quality of life (survival, development and protection) was mentioned as another multi-sectoral strategy document. The CCM[10] for HIV/AIDS and TB was mentioned by the key informants as a unique body emerged from National Interministerial Council on HIV/AIDS Prevention and is for coordination of HIV/AIDS and TB-related activities implemented by government, civil society and private sector. All three experiences were focused on integrated interventions for improved quality of life of population though active participation of all stakeholders during the implementation.

Although some inter-ministerial initiatives were undertaken, it is too early to speak about success, because the relationships and benefits of each ministry involved is becoming central for focus, including who should take the ownership/recognition or lead the implementation rather than focusing on the beneficiaries and the end result.

"It is difficult to now state about how successful was that experience. The reason is this is all new and all are trying their best. All the strategies and approaches are developed for benefiting people/community."

**Perceptions on multi-sectoral/integrated programming in Armenia:**
The need for implementing multi-sectoral interventions in Armenia was seemed obvious for all interviewed, who acknowledged the necessity for cooperation between sectors. It was considered that logically it would not be possible to think of successful programming without cooperation with and involvement of other sectors.

However, all key informants articulated the need for professionals from all levels of relevant structures to be involved in development of such interventions. At the same time, this seemed to be difficult to achieve in Armenia, due to post-soviet inheritance of top-down decision making culture.

The informants had clear understanding of both strengths and weaknesses of multi-sectoral interventions[11] as well as potential benefits and hindrance for its application. It was highlighted that with problems being interrelated thus requiring coordinated response, the partnership between various sectors and ministries, with having the community as a basis for such cooperation, should be the ground for the multi-sectoral interventions. The understanding, however, is not perceived as enough for its application. Lack of applicable mechanisms and strategies on how to implement multi-sectoral interventions and create coordinating bodies is referred as the main obstacle for calling the strategy papers to life.

The rhetoric of multi-lateral and bi-lateral donors, as mentioned, is supportive of multi-sectoral partnerships/interventions and promotes coordinating efforts while addressing cross cutting issues or common goal such as well being and quality of life. Likewise the ministries

[10] CCM was originally created for Republic of Armenia (RA) becoming eligible applicant for GFATM funds (Global Fund for AIDS, TB and Malaria). (For RA CCM guidelines www.armaids.am)
[11] The examples of articulation of this understanding are elaborated in later sections of the chapter.

are diligently trying to coordinate the efforts of NGOs working in the same area to avoid duplication and assure effective utilization of resources. NGOs are also trying to coordinate activities with peers working in the same field, nonetheless, existing attempts are mostly functional at very basic coordination level with lack of clear vision, goal and decision making mechanisms allowing individual organizations/stakeholders to arrive to a consensus when needed. As mentioned by one of the interviewees: "it is always hard to operate in multi-sectoral environment given that different structure/department involvement requires more accurate management/coordination." Without such clarity, however, the multi-sectoral partnerships and conducted interventions are often inconsistent with what is promoted by donors and/or Government at the rhetoric level.

It should be noted, that some organizations apply multi-sectoral intervention models in their programming (e.g. some of the World Bank projects, World Vision Armenia's Area Development Programs, EU Regional Development Program in two provinces of Armenia, etc). However, those are mostly short term or pilot, facing difficulties in assuring equal ownership/participation by both government and community, without proven mechanisms for sustainability. Inherently high transaction cost for any coordination efforts combined with unclear vision for such partnerships, absence of strong applicable mechanisms, lack of capacity and experience in such activities result in stakeholders choosing the easiest path with the low levels of coordination.

**Perception of challenges for program effectiveness and sustainability:**
Below sections summarize main challenges and barriers to stimulate the change affecting effectiveness and sustainability.

Vertical Programming:
All key informants expressed their perceptions around vertical programming being an issue and described their concerns around it. Vertical programming is thought to be effective in a short term and is ideal for providing immediate solutions. However the longer term adverse consequences can be undermined by developing a coherent comprehensive system.

During the last decade health related problems were addressed mainly by disease-specific interventions directed at each of the causes (TB, HIV/AIDS, Diarrhea, ARI, etc.) This is partially explained by sector-ministerial system inherited from the Soviet Union making integrated interventions difficult.

For example, Ministry of Health (MOH) is mostly perceived as ministry of medicine with a goal and a reason for existence being treatment/cure of people only. This, in fact is not coherent with their public health mission in terms of prevention of diseases and assuring the well being of population at first. The public health promotion and healthy lifestyle promotion in general are very small focus for MOH. The concept of public health itself is for moving from vertical programming to multi-sectoral approach, but it is not fully understood and applied. As a result, Ministry of Health does not necessarily address poverty related issues affecting health (food security, agricultural self-sufficiency, etc.)

In an ideal setting the ministries of health, agriculture and social security would have collaborated and agreed to address common problems. As mentioned by most interviewees, in few cases when such collaboration happens (like PRSP), it remains only on the paper.

What need to be stressed, however, is that all informants emphasized the necessity of cooperation between sectors and ministries. For an important issue like well-being and quality of life, no one ministry can act alone guaranteeing success. This is best reflected in the following quotation from one of the interviews: "The development itself is about multi-sectorality. One cannot alleviate poverty by addressing one of the causes only. It should be done by addressing interrelated issues and causes with mainstreaming of certain areas."

There are also perceptional issues that need to be changed to facilitate such collaboration. As illustrated by one of the interviewees: "The word "Minister" (Nakharar) in Armenian language translates into English as *Governor*, which historically has a co-notation of someone having authority/power to rule. By contrast, the same word in English means a person *serving* as an agent for another and Ministry means act of serving."

Nowadays all ministries have developed long-term strategies (until 2015). Successful implementation of these strategies would be best achieved if abstracted from vertical thinking, planning, acting and financing. Integration and multi-sectoral approach for implementing those strategies will help improve the quality of life of people of Armenia.

<u>Gaps between policy development and applicability:</u>
Over the past ten years there has been reluctance on the part of governments to take on board broad policy development oriented programs resulting in reforms (health care reforms, educational reforms, social sector reforms). Civil society players were the active promoters of this change. However, most of those initiatives were limited to the development of the document itself, without considering their further applicability despite clearly defined benefit to communities/grassroots.

The informants mentioned that in Armenia the development of multi-sectoral strategies, adaptation of documents and reforms is considered important. The document/policy development processes are adequately dealt with, however, the implementation lag behind resulting in a gap. One of the reasons provided by informants was the fact that policies are developed in vacuum and without involvement of civil society/grassroots. It is also the case that: "People [policy developers] are not willing to be out there in the field, lack understanding of field realities contributing to ineffective reforms." The connection between policy/strategy developing offices and the intended target beneficiaries is weak, if existent at all.

Another reason creating this gap mentioned by few informants is the transitional psychology typical of post-soviet context of Armenia: "Frustrations around mechanisms for *"how to do"* and *"what resources to use"* for implementation combined with avoidance of new responsibilities create lack of political will for developing and enforcing operational programs and structures. This is true for both Government structures and civil society actors." As a result the roles and responsibilities remain unclear among different actors often overlapping with no regulation mechanisms available. As highlighted by one of the informants there are a lot of good policies and strategies meant to be implemented yet few years ago. Instead the resources remain immobilized and it is not uncommon that stakeholders compete rather than work collectively and companion for making the intended change happen.

Interestingly, compared to many other countries of Commonwealth of Independent States (CIS), Armenia is considered as rather progressive in having health policies and strategy

documents in place. The informants indicated this being one of the main achievements of the last decade. However, it was also mentioned that Government approves various health policies, strategies and programs in Parliament without really tiding up budget allocations to program implementations. A key informant illustrated this problem stating that Armenian Government still practices "expenditure budgets", covering mainly costs of utilities, maintenance of hospital facilities, state subsidies for certain health services. Armenia is practicing budgetary financing versus need based programmatic financing.

In addition to this the specific sector ministry work is difficult to measure from the programmatic impact viewpoint. The prevailing tendency for performance measurement is based on the amount of funding allocated for specific sector. For example, as mentioned by one of the informants: "If Government have approved and allocated more funding for health in a given year, this indicates an excellent progress. Whether increased funding changed anything in terms of outcomes and impact is not being assessed. There are no impact level assessments neither Government's work is being viewed from that prospective." Stakeholders report success based on approved budgets, disbursements and expenditures avoiding responsibility and comments on performance. The following quote reveals: "If the goal is to decrease the rate of certain disease/health condition by a given percentage in a specified time and there are no indicators and mechanisms available to measure this, how can we evaluate the performance of ministerial body/department/NGO responsible for that decrease? The stakeholders may have worked hard, but were their achievements good enough against the indicators? Unfortunately, there are only few pilot programs with clear indicators, which are not replicated widely."

The pilot projects themselves require separate attention. The same informant has mentioned that the use and effectiveness of pilot projects need thorough examination. Implementation of various pilot projects was perceived as ineffective use of resources due to short life span disallowing assurance of sustainability.

<u>Civil Society and Government relationship:</u>
Most informants mentioned that the partnership between Government and NGO sector is yet in formation stage, requiring strong leadership to emerge. The leadership role is perceived to be taken by the Government, which need to create an institutional framework for civil society actors to operate effectively.

In the absence of such leadership the coordination efforts are difficult and relationships are often not constructive, at times resulting in unhealthy competition between specific Government structures and NGOs.

The competition is emerging due to Government often lacking resources to provide certain public services to population. The Civil Society actors attempt to mitigate the problems and provide replacing some of the Government functions of public service delivery. These actions, however, cannot sustain in a long run as both revenue basis for funds are uncertain and NGOs are not in a position for providing continues long term public services to the population.

The dimension of Community involvement is another programmatic area that informants agreed need to be addressed. Multi-sectoral intervention approaches place special emphasis

on community participation[12] leading to tri-lateral partnerships (Government-NGO-Community). In Armenia's context, however, most communities, except few large urban/semi-urban areas, do not have capacity, resources and willingness to take the ownership and get actively engaged in program implementation. Partially this is explained by post-soviet mentality always expecting someone else to resolve problems for them and poor socio-economic conditions. Also, "community activism and collectivism during 70 years of Soviet Era lead most of the people in transitional countries to seek individual/personal or family activism, instead of thinking about civil society or grassroots activism."

**Perceptions on applicability of integrated/multi-sectoral interventions' model concept:**
An analogy provided by an interviewee summarizes the opinion of all interviewed: "This [the model] is as perfect as policy documents and strategy papers developed in Armenia during the last decade: ideal by not applicable."

Since any problem has various dimensions, often touching upon diverse sectors, mult-sectoral, multi-disciplinary approaches are needed. However, in reality these concepts are difficult to apply and require strong coordination across all sectors and levels. One of the informants mentioned: "It is already very difficult to work within just one ministry and more difficult to get together different agencies working in the same field. Substantial investment in time, human and financial rsources is reuired to make this work." Besdies, even if political will is at hand to facilitate such processess, supporting structures for multi-sectoral approach should be developed.

The informants has also emphasized the importance of the relationship between various institutions involved in multi-sectoral interventions requiring high level of maturity and peer rather than controlling attitudes, which is not readily available in Armenia. As discussed earlier in this paper, vertical programming is inherited post-soviet approach, unfortunately still prevailing in Armenia.

Based on the opinions provided the summary of key perceptions identified and described in this section of findings, the conclusions and recommendations are drawn.

**IV Conclusions and Recommendations**
The transition linked extensive socio-economic crisis resulting in widespread poverty and depraved quality of life are the focus of both Government and Civil Society in Armenia.

Although there were trials of applying multi-sectoral approach resulting in two main documents (PRSP and convention on child's rights) and one multi-sectoral body (CCM), the prospective of success remains sensitive due to lack of operational capacity, resources and applicability of these end results.

Chief amongst challenges, resulting in vertical programming and inapplicability of policy/strategy documents for successful multi-sectoral interventions are lack of operational partnerships between Government and civil society combined with minimal community involvement; coordination efforts being limited to rhetoric rather than supported by operational frameworks, applicable mechanisms and strategies; lack of defined leadership for development resulting in non-constructive relationship and at times unhealthy competition between specific Government structures and NGOs.

[12] http://www.coregroup.org/resources/msp_report.cfm

To face the above mentioned challenges the following recommendations were made by informants themselves and by the author based on the analysis of the results.

- Promote and facilitate the revision of vertical approaches and application of multi-sectoral interventions aimed at quality of life improvement though creation of strong operational synergies between different sectors and ministries. Policy documents require pre-testing for applicability and consist of clear application tools.
- To facilitate partnership and cooperation among sectors, development of common/shared vision is important. Although one key stakeholder, usually a sector ministry should lead the process of common vision development, mutual respect and constructive cooperation between Government and civil society is essential. All involved parties need to understand their interrelated roles allowing shared responsibilities and shared ownership over success.
- When developing policies, Government should partner with civil society and community, while those should be implementing programs with Government's "blessing", advise and support.
- Government should take the leadership over implementation of national multi-sectoral programs and preferably develop budget/seek resources for program implementation. These programs should have clear detailed implementation plans, tangible and measurable outcome and impact indicators supported by tools for application and backed up by adequate resources.
- Current multi-sectoral interventions in place in Armenia, specifically work through PRSP, Child Rights Convention and CCM should become a ground for further analysis of multi-sectoral approach implementation. At this stage it seems important detailed documentation of application processes for further analysis of lessons learnt.

The fact that all interviewed leaders acknowledged the necessity for multi-sectoral interventions in ever increasing interdependent world as well as suggested ways to overcome existing challenges, provides optimism for the future applicability of the approach. Nevertheless, this study highlighted that hard work is ahead and recommendations provided may serve as a starting point for facilitating the change.

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